

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 OCT 25 AM 8:06

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000036381

1. Limited Liability Company's Name  
SOUTHGREEN, LLC

2. Principal Office Address  
100 S. ASHLEY DR.

Suite, Apt. #, etc.  
SUITE 2200

City & State  
TAMPA, FLORIDA

Zip Country  
33602 USA

3. Mailing Office Address  
100 S. ASHLEY DR.

Suite, Apt. #, etc.  
SUITE 2200

City & State  
TAMPA, FLORIDA

Zip Country  
33602 USA

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 9-24-03

6. FEI Number 33-1074105  
Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
SCOTT BROWN, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
100 S. ASHLEY DRIVE

Suite, Apt. #, Etc.  
SUITE 2200

City  
TAMPA

State Zip Code  
FL 33602

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/20/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	RSB DEVELOPMENT, INC.	100 S. ASHLEY DR., SUITE 2200	TAMPA, FL. 33602
MGRM	JOHNSON RESIDENTIAL, INC.	2707 W. AZEELE ST.	TAMPA, FL. 33609

**REINSTATEMENT**

2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date 10-20-04

Daytime Phone # 813-251-9669

Typed or printed name of signing Managing Member/Manager RSB DEVELOPMENT, INC., BY SCOTT BROWN, PRESIDENT

CR2E041 (10/02)